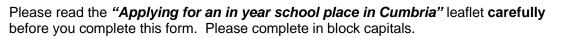
## Form SA8

Request for in-year admission to school



ALL SECTIONS MUST BE FULLY COMPLETED - ANY INCOMPLETE FORMS WILL BE RETURNED TO THE PARENT OR CARER

Section 1 - child's details							
Child's first name							
Child's surname							
Date of birth			Gender (male/female)				
Child's home address							
			Postcode				
Are there any other school age children living at the above address Yes					No 🗌		
If yes please provide na	me(s). date(s) of bi	irth and current school	(s):				
If you want to apply fo	or a place for this/th	nese children please co	omplete a separate form				
Is the child:		· · · ·	· ·				
in the care of a Local Au	uthority / previously	looked after by a local	l authority?	Yes 🗌	No 🗌		
If yes, please give furthe	er details.						
a Traveller child	Yes 🗌	No 🗌	a carer	Yes 🗌	No 🗌		
Forces family	Yes 🗌	No 🗌	Asylum seeker	Yes 🗌	No 🗌		
Does the child have:   An Education, Health and Care Plan (EHCP) or is currently undergoing a statutory   Yes   No							
A pastoral support plan at their current / most recent school?					No 🗌		
Has the child:							
Ever been permanently	excluded from sch	ool		Yes 🗌	No 🗌		
Has the child attended a pupil referral unit (PRU) during the last 12 months? Yes					No 🗌		
worker?			yourrononang	Yes	No		
If yes, please give name	e details						
Current or last school (name & address)	/ home education						
Is the child still attending	n the above school	? Yes 🗌 No 🗍	If no, what was the las	t			
How long has the child a	-		date s/he attended?				
current school? If less than 12 months p of the previous school							



Name of school to which you are seeking admission (in order of preference)						
1						
2						
3						
Date place required from						
Are you applying for any of these schools on the basis of faith? Yes No			No 🗌			
If it is not possible to offe admission to a Catholic s	Yes 🗌	No 🗌				
	ol being sought? Please give details. If your red new address (continue on a separate sheet if n		a change of address			
Section 2- Parent/carer	details					
Full name of parent/carer	Title (Mr/Mrs/Ms/Miss etc)					
Relationship to child						
Contact tel number						
Contact email address						
Address if different from child's						
I give consent for all corre	espondence to be sent to this email address	Yes 🗌	No 🗌			
I confirm that I have parental responsibility for this child and the information given is correct. I understand that any place offered on the basis of fraudulent or intentionally misleading information may be withdrawn. I consent to the information on this form being shared with appropriate agencies and understand that contact may be made with the child's current/previous school for information which may include attendance and exclusion data.						
Fostering and it is a legal re tick this box  Further info http://www.cumbria.gov.uk/	ne else's child for more than 28 days and you are not equirement that you inform the Local Authority. If you rmation is available by contacting 0333 240 1727 or o childrensservices/childrenandfamilies/privatefostering	think you may be on Cumbria Coun	e Private Fostering, please ty Council's website at			
Signed						
Date						
		tuto a tuto				
Please return your completed form to <u>school.admissions@cumbria.gov.uk</u> or by post to: School Admissions and Appeals Team, Cumbria County Council, PO Box 415, Carlisle, CA1 9GU						
For further information pleas	se contact <u>school.admissions@cumbria.gov.uk</u> , or te	lephone 01228 22	21582			
For School Admissions and Appeals use only:						

Date received: